

FOR THE RECORD

Date 17 Aug 50

X-40 Manila #2 Fil[#] 2 - 1 - 1
(Name) (Rank) (Serial Number)

Date remains interred permanently interred 21 Feb 50 per 333 card
(Information rec'd from RRE 16 or Plot Map)
DD cut by Adm Decision ~~as per~~ Philcom

Number Copy of Disinterment Directive to be used in lieu of Missing #1 D. D.

Permanently interred Ft McKinley Plot 7, Row 5, Grave 78

This form is to be used when 1194 (D/D #1) and pertinent papers have been lost or misplaced.

NOTE: If the above papers are found or received this form is to be removed from 293 File and destroyed.

for *terkland*
L. W. ALLEN
Lt. Colonel, **CAC**
Memorial Division

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR
293.9

APO 707
25 July 1949

SUBJECT: Unidentifiable Remains.

TO: The Quartermaster General
Department of the Army
Washington 25, D.C.
ATTN: Memorial Division.

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-3239	AGRS	Mslm	UNKNOWN	X-4622	AGRS	Mslm
"	X-3309	AGRS	Mslm	"	X-4646	AGRS	Mslm
"	X-3447	AGRS	Mslm	"	X-4653	AGRS	Mslm
"	X-3595	AGRS	Mslm	"	X-4692	AGRS	Mslm
"	X-3643	AGRS	Mslm	"	X-4727	AGRS	Mslm
"	X-3731	AGRS	Mslm	"	X-4810	AGRS	Mslm
"	X-3821	AGRS	Mslm	"	X-4892	AGRS	Mslm
"	X-3824	AGRS	Mslm	"	X-4947	AGRS	Mslm
"	X-3887	AGRS	Mslm	"	X-4976	AGRS	Mslm
"	X-4207	AGRS	Mslm	"	X-5157	AGRS	Mslm
"	X-4536	AGRS	Mslm				

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING GENERAL:

/s/ C. H. LIEURANCE
2nd Lt. AGD
Asst Adj. Gen

21 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

COPY

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

12 July 1949

Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster General
Washington 25, D. C.
Attn: Memorial Division

Lewis

The records pertaining to Unknown X- 40, Plot Fil #2,
Row 1, Grave 1, USMC USAF Cem. Manila #2 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

H. B. McNEMAR
H. B. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 8/4/49 CQMG
Not identifiable from
information presently *Lewis*
available 8/5/49

Incl. #19'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4653 (Formerly Unk-X-40 Manila #2)				2. DATE OF REPORT 15 July 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	D	1102	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

UTD

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Slightly
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

"UNIDENTIFIABLE"

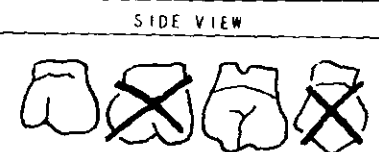
"BY REASON OF LACK OF IDENTIFYING DATA"

Ind # 142

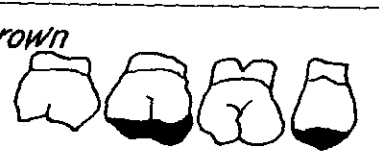
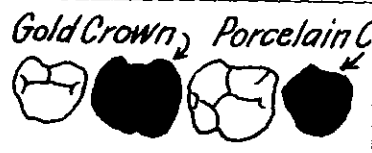
18.

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



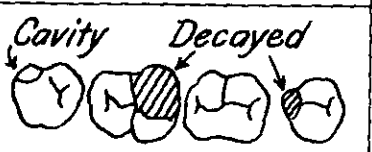
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side Views															
UPPER															
Side Views															
LOWER															
Side Views															
← UTD → X P P P P P P P P P P X P															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

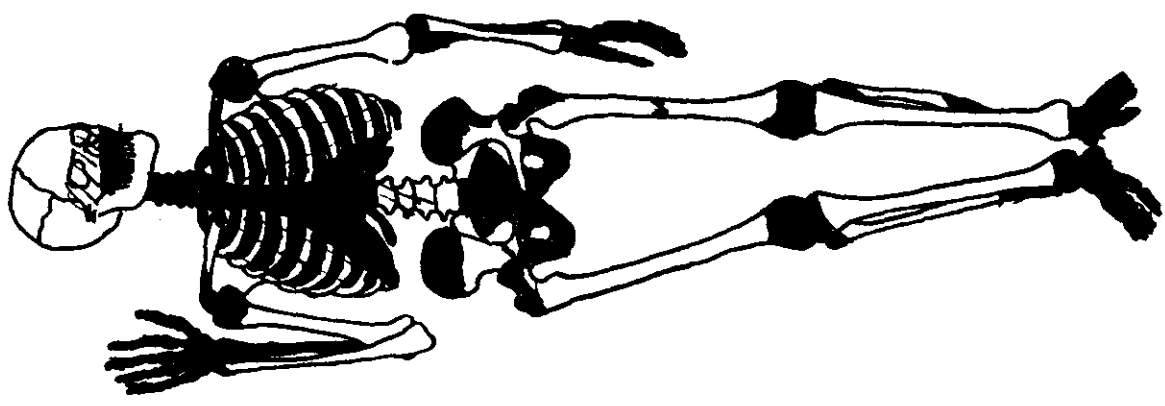
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Unable to determine R15 and R16 if PX or X due to decomposed condition of mandible.

"UNIDENTIFIABLE"

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer, CIP

19- BLACK OUT PARTS OF BODY NOT RECOVERED



20- **MASS BURIAL CERTIFICATE (IF APPLICABLE)**
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEASETS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21- REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.
Estimated weight of remains - 4 lbs.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE
James J. McDermott

RESTRICTED

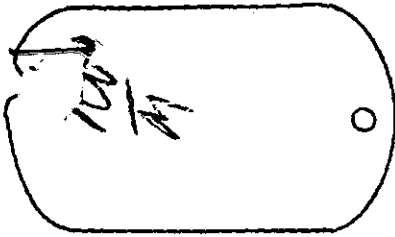
N 4398

WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1814)

DATE OF REPORT
15 Jan. 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION

NAME (Last, first, middle initial) ~~UNKNOWN~~ SIMON, PEROT H.
~~UNKNOWN (X-40) (Manila #2 Cem)~~
 Unknown (McKinley Cem)

SERIAL NO. ~~02-04-186~~

GRADE ~~SFC~~ Unknown ORGANIZATION ~~U. S. Navy~~ Navy
 BRANCH OF SERVICE Navy

RACE Filipino RELIGION Unknown IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY Philippines

PLACE OF DEATH Cavite, Cavite, Luzon, P. I. CAUSE OF DEATH Killed in an air raid. DATE OF DEATH 10 Dec. 41

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Ident. by Navy Dept. Wash D.C.

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2) Available information gathered from original burial records.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 1383

None

Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Manila #2, Luzon, P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 Dec. 45	1000	Shelter Half	Cross	Fl. #2	1	1

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	Ft. Wm. McKinley Cemetery, Luzon, P. I.	B	1	10

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
BEGINNING OF ROW				---

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
De la CRUZ, Nazario	Civilian	---	---	

SIGNATURE OF PERSON PREPARING REPORT
 E. C. BARRETT, T/4, GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT
 E. M. MOORE, 1st Lt., OMC

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

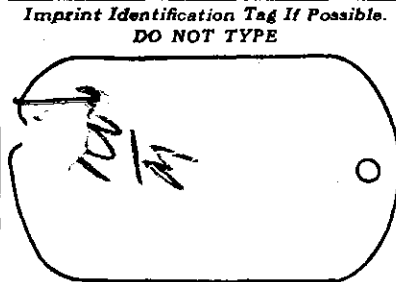
RESTRICTED

N 4398

WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1816)

DATE OF REPORT
15 Jan. 46 *all*



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) SIMPSON, PERCY H. UNKNOWN (X-40) (Manila #2 Cem) Unknown (McKinley Cem)		SERIAL NO. 82-84-186
GRADE Sgt Unknown	ORGANIZATION U. S. Navy Navy	BRANCH OF SERVICE Navy
RACE Filipino	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY Philippines

PLACE OF DEATH Cavite, Cavite, Luzon, P. I.	CAUSE OF DEATH Killed in an air raid.	DATE OF DEATH 10 Dec. 41
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EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Ident. by Navy Dept. Wash D.C. Available information gathered from original burial records.
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Amul 1383
None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
USAF Cemetery Manila #2, Luzon, P. I.

DATE OF BURIAL 22 Dec. 45	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. Fil. #2	ROW No. 1	GRAVE No. 1
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Ft. Wm. McKinley Cemetery, Luzon, P. I.	PLOT No. B	ROW No. 1	GRAVE No. 10
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) BEGINNING OF ROW	RANK	SERIAL No.	ORGANIZATION	GRAVE No. ---
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) De la CRUZ, Nazario	RANK Civilian	SERIAL No. ---	ORGANIZATION ---	GRAVE No.
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SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> E. M. MOORE, 1st Lt., OMC
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